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Atty Docket No. 022193-060300US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Lance W. Sealey
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Group Art Unit 2671

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I hereby certify that the following documents in re Application of Aaftab A. Munshi, Application No. 09/894,225, filed June 27, 2001 for OBJECT VISIBILITY CONTROL FOR RAY TRACING are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form
2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (with Schedule A appended) - 2 pages
3. Statement Under 37 CFR 3.73(b) with copy of Assignment - 4 pages

Number of pages being transmitted, including this page: 8

Dated: June 16, 2004


Michael Nowak

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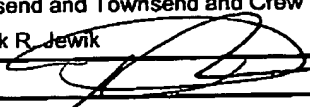
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PTO/SB/21 (02-04)


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/894,225	
	Filing Date	June 27, 2001	
	First Named Inventor	Munshi, Aaftab A.	
	Art Unit	2671	
	Examiner Name	Lance W. Sealey	
Total Number of Pages in This Submission	7	Attorney Docket Number	022193-060300US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (with Schedule A appended) <input checked="" type="checkbox"/> Statement Under 37 CFR 3.73(b) with copy of Assignment <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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